

LEGISLATURE OF THE STATE OF IDAHO
Sixty-first Legislature First Regular Session - 2011

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 128

BY STATE AFFAIRS COMMITTEE

AN ACT

RELATING TO THE CATASTROPHIC HEALTH CARE COST PROGRAM; AMENDING SECTION 20-605, IDAHO CODE, TO REVISE A CODE REFERENCE; AMENDING SECTION 31-863, IDAHO CODE, TO REVISE WHAT IS BEING PROVIDED TO THE MEDICALLY INDIGENT; AMENDING SECTION 31-3302, IDAHO CODE, TO REVISE A CODE REFERENCE; AMENDING SECTION 31-3501, IDAHO CODE, TO REVISE WHAT IS BEING PROVIDED FOR CERTAIN PERSONS; AMENDING SECTION 31-3502, IDAHO CODE, TO REVISE DEFINITIONS; AMENDING SECTION 31-3503, IDAHO CODE, TO PROVIDE THAT A CERTAIN DUTY TO COOPERATE DOES NOT PRECLUDE CERTAIN ACTIONS BY A BOARD OF COUNTY COMMISSIONERS; AMENDING SECTION 31-3503A, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE THE CONTENT OF CERTAIN ANNUAL REPORTS; AMENDING SECTION 31-3503B, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REMOVE A CODE REFERENCE; REPEALING SECTION 31-3503F, IDAHO CODE, RELATING TO MEDICAL HOMES; AMENDING SECTION 31-3504, IDAHO CODE, TO REMOVE CERTAIN PROVISIONS REGARDING FOLLOW-UP NECESSARY MEDICAL SERVICES AND TO REVISE TERMINOLOGY; AMENDING SECTION 31-3505, IDAHO CODE, TO REMOVE A PROVISION REGARDING AN APPLICATION FOR NONEMERGENCY NECESSARY MEDICAL SERVICES, TO REMOVE A PROVISION REGARDING REQUESTS FOR CERTAIN ADDITIONAL TREATMENT AND TO REVISE TERMINOLOGY; AMENDING SECTION 31-3505A, IDAHO CODE, TO REMOVE A PROVISION REGARDING A TIME PERIOD TO COMPLETE A CERTAIN INVESTIGATION AND TO REMOVE A PROVISION REGARDING FOLLOW-UP TREATMENT; AMENDING SECTION 31-3505B, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3505F, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3505G, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3506, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3507, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3508, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3509, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3510, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3511, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3519, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3520, IDAHO CODE, TO REVISE CERTAIN DISCRETIONARY AUTHORITY OF BOARDS OF COUNTY COMMISSIONERS CONCERNING THE PROVISION OF CERTAIN SERVICES TO THE MEDICALLY INDIGENT THROUGH CONTRACT AND TO REVISE TERMINOLOGY; AMENDING SECTION 31-3553, IDAHO CODE, TO REVISE TERMINOLOGY; AND AMENDING SECTION 67-7903, IDAHO CODE, TO REMOVE CERTAIN LIMITATIONS RELATED TO THE COUNTY INDIGENT PROGRAM.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 20-605, Idaho Code, be, and the same is hereby amended to read as follows:

20-605. COSTS OF CONFINEMENT. The county wherein any court has entered an order pursuant to section 20-604, Idaho Code, shall pay all direct and indirect costs of the detention or confinement of the person to the govern-

1 mental unit or agency owning or operating the jail or confinement facilities
 2 in which the person was confined or detained. The amount of such direct and
 3 indirect costs shall be determined on a per day per person basis by agree-
 4 ment between the county wherein the court entered the order and the county
 5 or governmental unit or agency owning or operating such jail or confinement
 6 facilities. In the absence of such agreement or order fixing the cost as
 7 provided in section 20-606, Idaho Code, the charge for each person confined
 8 or detained shall be the sum of thirty-five dollars (\$35.00) per day, plus
 9 the cost of any medical or dental services paid at the unadjusted medicaid
 10 rate of reimbursement as provided in section 31-3502(21), Idaho Code, un-
 11 less a rate of reimbursement is otherwise established by contract or agree-
 12 ment; provided, however, that the county may determine whether the detained
 13 or confined person is eligible for any local, state, federal or private pro-
 14 gram that covers dental, medical and/or burial expenses. That person will
 15 be required to apply for those benefits, and any such benefits obtained may
 16 be applied to the detained or confined person's incurred expenses, and in the
 17 event of the death of such detained or confined person, the county wherein
 18 the court entered the order shall pay all actual burial costs. Release from
 19 an order pursuant to section 20-604, Idaho Code, for the purpose of a per-
 20 son receiving medical treatment shall not relieve the county of its obliga-
 21 tion of paying the medical care expenses imposed in this section. In case a
 22 person confined or detained was initially arrested by a city police officer
 23 for violation of the motor vehicle laws of this state or for violation of a
 24 city ordinance, the cost of such confinement or detention shall be a charge
 25 against such city by the county wherein the order of confinement was entered.
 26 All payments under this section shall be acted upon for each calendar month
 27 by the second Monday of the month following the date of billing.

28 SECTION 2. That Section 31-863, Idaho Code, be, and the same is hereby
 29 amended to read as follows:

30 31-863. LEVY FOR CHARITIES FUND. For the purpose of nonmedical indi-
 31 gent assistance pursuant to chapter 34, title 31, Idaho Code, and for the
 32 purpose of providing financial assistance on behalf of emergency medical
 33 service to the medically indigent, pursuant to chapter 35, title 31, Idaho
 34 Code, said boards are authorized to levy an ad valorem tax not to exceed ten
 35 hundredths of one percent (.10%) of the market value for assessment purposes
 36 of all taxable property in the county.

37 SECTION 3. That Section 31-3302, Idaho Code, be, and the same is hereby
 38 amended to read as follows:

39 31-3302. COUNTY CHARGES ENUMERATED. The following are county charges:
 40 (1) Charges incurred against the county by virtue of any provision of
 41 this title.
 42 (2) The compensation allowed by law to constables and sheriffs for ex-
 43 ecuting process on persons charged with criminal offenses; for services and
 44 expenses in conveying criminals to jail; for the service of subpoenas issued
 45 by or at the request of the prosecuting attorneys, and for other services in
 46 relation to criminal proceedings.

(3) The expenses necessarily incurred in the support of persons charged with or convicted of crime and committed therefor to the county jail. Provided that any medical expenses shall be paid at the unadjusted medicaid rate of reimbursement as provided in section 31-3502(21), Idaho Code, unless a rate of reimbursement is otherwise established by contract or agreement.

(4) The compensation allowed by law to county officers in criminal proceedings, when not otherwise collectible.

(5) The sum required by law to be paid to grand jurors and indigent witnesses in criminal cases.

(6) The accounts of the coroner of the county, for such services as are not provided to be paid otherwise.

(7) The necessary expenses incurred in the support of county hospitals, and the indigent sick and nonmedical assistance for indigents, whose support is chargeable to the county.

(8) The contingent expenses, necessarily incurred for the use and benefit of the county.

(9) Every other sum directed by law to be raised for any county purpose, under the direction of the board of county commissioners, or declared to be a county charge.

SECTION 4. That Section 31-3501, Idaho Code, be, and the same is hereby amended to read as follows:

31-3501. DECLARATION OF POLICY. (1) It is the policy of this state that each person, to the maximum extent possible, is responsible for his or her own medical care and to that end, shall be encouraged to purchase his or her own medical insurance with coverage sufficient to prevent them from needing to request assistance pursuant to this chapter. However, in order to safeguard the public health, safety and welfare, and to provide suitable facilities and provisions for ~~the care and hospitalization of~~ emergency medical service to persons in this state, and, in the case of medically indigent persons, to provide for the payment thereof, the respective counties of this state, and the board and the department shall have the duties and powers as hereinafter provided.

(2) The county medically indigent program and the catastrophic health care cost program are payers of last resort. Therefore, applicants or third party applicants seeking financial assistance under the county medically indigent program and the catastrophic health care cost program shall be subject to the limitations and requirements as set forth herein.

SECTION 5. That Section 31-3502, Idaho Code, be, and the same is hereby amended to read as follows:

31-3502. DEFINITIONS. As used in this chapter, the terms defined in this section shall have the following meaning, unless the context clearly indicates another meaning:

(1) "Applicant" means any person who is requesting financial assistance under this chapter.

(2) "Application" means an application for financial assistance pursuant to section 31-3504, Idaho Code, and the uniform form used for the

1 initial review and the department's medicaid eligibility determination de-
 2 scribed in section 31-3503C(4), Idaho Code.

3 (3) "Board" means the board of the catastrophic health care cost pro-
 4 gram, as established in section 31-3517, Idaho Code.

5 (4) "Case management" means coordination of services ~~to help meet a pa-~~
 6 ~~tient's health care needs, usually~~ when the patient has a condition that re-
 7 quires multiple emergency medical services.

8 (5) "Catastrophic health care costs" means the cost of ~~medically neces-~~
 9 ~~sary drugs, devices and~~ emergency medical services received by a recipient
 10 that, when paid at the then existing reimbursement rate, in aggregate exceed
 11 the sum of eleven thousand dollars (\$11,000) in any twelve (12) consecutive
 12 month period.

13 (6) "Clerk" means the clerk of the respective counties or his or her de-
 14 signee.

15 (7) "County commissioners" means the board of county commissioners in
 16 their respective counties.

17 (8) "County hospital" means any county approved institution or facil-
 18 ity for the care of sick persons.

19 (9) "Department" means the department of health and welfare.

20 (10) "Dependent" means any person whom a taxpayer could claim as a de-
 21 pendent under the income tax laws of the state of Idaho.

22 (11) (a) "Emergency medical service" means a service provided until
 23 stabilization for a medical condition in which sudden, serious and
 24 unexpected symptoms of illness or injury are sufficiently severe to
 25 necessitate or call for immediate medical care, including, but not
 26 limited to, severe pain, that when the absence of immediate medical
 27 attention could would reasonably be expected by a prudent person who
 28 possesses an average knowledge of health and medicine licensed health
 29 care provider or emergency responder, to result in:

30 (a) (i) Placing the patient's health in serious jeopardy;

31 (a) (ii) Serious impairment to bodily functions; or

32 (a) (iii) Serious dysfunction of any bodily organ or part.

33 (b) "Emergency medical service" shall not include the following:

34 (i) Bone marrow transplants;

35 (ii) Organ transplants;

36 (iii) Elective, cosmetic and/or experimental procedures;

37 (iv) Services related to, or provided by, residential, skilled
 38 nursing, assisted living and/or shelter care facilities;

39 (v) Normal, uncomplicated pregnancies and childbirth well-baby
 40 care;

41 (vi) Medicare copayments and deductibles;

42 (vii) Services provided by, or available to, an applicant from
 43 state, federal and local health programs;

44 (viii) Medicaid copayments and deductibles; and

45 (ix) Drugs, devices or procedures primarily utilized for weight
 46 reduction and complications directly related to such drugs, de-
 47 vices or procedures.

48 (12) "Financial assistance" means aid for emergency medical service
 49 pursuant to this chapter.

(123) "Hospital" means a facility licensed and regulated pursuant to sections 39-1301 through 39-1314, Idaho Code, excluding state institutions.

(134) "Medicaid eligibility review" means the process used by the department to determine whether a person meets the criteria for medicaid coverage.

~~(14) "Medical home" means a model of primary and preventive care delivery in which the patient has a continuous relationship with a personal physician in a physician directed medical practice that is whole person oriented and where care is integrated and coordinated.~~

(15) "Medically indigent" means any person who is in need of necessary emergency medical services and who, if an adult, together with his or her spouse, or whose parents or guardian if a minor, does not have income and other resources available to him from whatever source sufficient to pay for necessary emergency medical services. Nothing in this definition shall prevent the board and the county commissioners from requiring the applicant and obligated persons to reimburse the county and the catastrophic health care costs program, where appropriate, for all or a portion of their medical expenses, when investigation of their application pursuant to this chapter, determines their ability to do so.

(16) A. ~~"Necessary medical services" means health care services and supplies that:~~

~~(a) Health care providers, exercising prudent clinical judgment, would provide to a person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms;~~

~~(b) Are in accordance with generally accepted standards of medical practice;~~

~~(c) Are clinically appropriate, in terms of type, frequency, extent, site and duration and are considered effective for the covered person's illness, injury or disease;~~

~~(d) Are not provided primarily for the convenience of the person, physician or other health care provider; and~~

~~(e) Are not more costly than an alternative service or sequence of services or supply, and at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the person's illness, injury or disease.~~

B. Necessary medical services shall not include the following:

~~(a) Bone marrow transplants;~~

~~(b) Organ transplants;~~

~~(c) Elective, cosmetic and/or experimental procedures;~~

~~(d) Services related to, or provided by, residential, skilled nursing, assisted living and/or shelter care facilities;~~

~~(e) Normal, uncomplicated pregnancies, excluding caesarean section, and childbirth well-baby care;~~

~~(f) Medicare copayments and deductibles;~~

~~(g) Services provided by, or available to, an applicant from state, federal and local health programs;~~

~~(h) Medicaid copayments and deductibles; and~~

~~(i) Drugs, devices or procedures primarily utilized for weight reduction and complications directly related to such drugs, devices or procedures.~~

~~(17)~~ "Obligated person" means the person or persons who are legally responsible for an applicant.

~~(18)~~ "Primary and preventive health care" means the provision of professional health services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems and the overall management of an individual's health care services.

~~(19)~~ "Provider" means any person, firm, or corporation certified or licensed by the state of Idaho or holding an equivalent license or certification in another state, that provides necessary emergency medical services to a patient requesting a medically indigent status determination or filing an application for financial assistance.

~~(20)~~ "Recipient" means an individual determined eligible for financial assistance under this chapter.

~~(21)~~ "Reimbursement rate" means the unadjusted medicaid rate of reimbursement for medical charges allowed pursuant to title XIX of the social security act, as amended.

~~(22)~~ "Resident" means a person with a home, house, place of abode, place of habitation, dwelling or place where he or she actually lived for a consecutive period of thirty (30) days or more within the state of Idaho. A resident does not include a person who comes into this state for temporary purposes, including, but not limited to, education, vacation, or seasonal labor. Entry into active military duty shall not change a person's residence for the purposes of this chapter. Those physically present within the following facilities and institutions shall be residents of the county where they were residents prior to entering the facility or institution:

(a) Correctional facilities;

(b) Nursing homes or residential or assisted living facilities;

(c) Other medical facility or institution.

~~(23)~~ "Resources" means all property, whether tangible or intangible, real or personal, liquid or nonliquid, or pending, including, but not limited to, all forms of public assistance, crime victims compensation, worker's compensation, veterans benefits, medicaid, medicare, health care insurance and any contractual rate adjustments provided through such insurance, supplemental security income (SSI), third party insurance, other available insurance and any other property from any source for which an applicant and/or an obligated person may be eligible or in which he or she may have an interest. Resources shall include the ability of an applicant and obligated persons to pay for necessary emergency medical services, excluding any interest charges, over a period of up to five (5) years. For purposes of determining approval for medical indigency only, resources shall not include the value of the homestead on the applicant or obligated person's residence, a burial plot, exemptions for personal property allowed in section 11-605(1) through (3), Idaho Code, and additional exemptions allowed by county resolution.

(23) "Stabilization" means the point at which the sudden, serious and unexpected symptoms of illness or injury have been controlled through eval-

1 uation and/or treatment so that the recipient may be discharged or trans-
 2 ferred from emergency medical care without substantial risk of material de-
 3 terioration of the medical condition or risk to public health.

4 (24) "Third party applicant" means a person other than an obligated per-
 5 son who completes, signs and files an application on behalf of a patient. A
 6 third party applicant who files an application on behalf of a patient pur-
 7 suant to section 31-3504, Idaho Code, shall, if possible, deliver a copy of
 8 the application to the patient within three (3) business days after filing
 9 the application.

10 (25) "Utilization management" means the evaluation of emergency med-
 11 ical necessity, appropriateness and efficiency of the use of health care
 12 services, procedures and facilities and may include, but is not limited to,
 13 preadmission certification, the application of practice guidelines, con-
 14 tinued stay review, discharge planning, case management, preauthorization
 15 of ambulatory procedures, retrospective review and claims review.

16 SECTION 6. That Section 31-3503, Idaho Code, be, and the same is hereby
 17 amended to read as follows:

18 31-3503. POWERS AND DUTIES OF COUNTY COMMISSIONERS. The county com-
 19 missioners in their respective counties shall, under such limitations and
 20 restrictions as are prescribed by law:

21 (1) Care for and maintain the medically indigent residents of their
 22 counties as provided in this chapter up to eleven thousand dollars (\$11,000)
 23 per claim in the aggregate over a consecutive twelve (12) month period with
 24 the remainder being paid by the state catastrophic health care cost program
 25 pursuant to section 31-3519, Idaho Code.

26 (2) Have the right to contract with providers, transfer patients, nego-
 27 tiate provider agreements, and all other powers incident to the county's du-
 28 ties created by this chapter.

29 (3) Cooperate with the department, the board and contractors retained
 30 by the department or the board to provide services including, but not limited
 31 to, medicaid eligibility review and utilization management on behalf of the
 32 counties and the board, which cooperation does not preclude the board of com-
 33 missioners in the respective counties from performing their own utilization
 34 management with any of its components as they deem prudent.

35 (4) Have the jurisdiction and power to provide county hospitals and
 36 public general hospitals for the county and others who are sick, injured,
 37 maimed, aged and infirm and to erect, enlarge, purchase, lease, or otherwise
 38 acquire, and to officer, maintain and improve hospitals, hospital grounds,
 39 nurses' homes, shelter care facilities and residential or assisted living
 40 facilities as defined in section 39-3301, Idaho Code, superintendent's
 41 quarters, medical clinics, as that term is defined in section 39-1319, Idaho
 42 Code, medical clinic grounds or any other necessary buildings, and to equip
 43 the same, and to replace equipment, and for this purpose said commissioners
 44 may levy an additional tax of not to exceed six hundredths percent (.06%) of
 45 the market value for assessment purposes on all taxable property within the
 46 county. The term "public general hospitals" as used in this subsection shall
 47 be construed to include nursing homes.

SECTION 7. That Section 31-3503A, Idaho Code, be, and the same is hereby amended to read as follows:

31-3503A. POWERS AND DUTIES OF THE BOARD. The board shall, under such limitations and restrictions as are prescribed by law:

(1) Pay for ~~necessary~~ emergency medical services for a resident medically indigent person where the reimbursement rate for the claim exceeds in aggregate the sum of eleven thousand dollars (\$11,000) during a consecutive twelve (12) month period;

(2) Cooperate with the department, respective counties of the state and contractors retained by the department or county commissioners to provide services including, but not limited to, eligibility review and utilization management on behalf of the counties and the board;

(3) Require, as the board deems necessary, annual reports from each county and each hospital and provider including, but not limited to, the following:

(a) From each county and for each applicant:

(i) Case number and the date services began;

(ii) Age;

(iii) Residence;

(iv) Sex;

(v) Diagnosis;

(vi) Income;

(vii) Family size;

(viii) Amount of emergency medical service costs incurred including provider, legal and administrative charges;

(ix) Approval or denial; and

(x) Reasons for denial.

(b) From each hospital:

(i) 990 tax forms or comparable information;

(ii) Cost of charges where charitable care was provided; and

(iii) Administrative and legal costs incurred in processing claims under this chapter.

SECTION 8. That Section 31-3503B, Idaho Code, be, and the same is hereby amended to read as follows:

31-3503B. RECIPROCAL AGREEMENTS -- OUT-OF-STATE TREATMENT. (1) The governor of the state of Idaho or his or her designee is empowered to negotiate reciprocal agreements with other states for the provision of ~~necessary~~ emergency medical services for residents of this and other states.

(2) No payment shall be made for ~~necessary~~ emergency medical services to an out-of-state provider unless a reciprocal agreement has been entered into by the governor of this state, or unless contracted for pursuant to sections 31-3520 and ~~31-3522~~, Idaho Code.

SECTION 9. That Section 31-3503F, Idaho Code, be, and the same is hereby repealed.

SECTION 10. That Section 31-3504, Idaho Code, be, and the same is hereby amended to read as follows:

31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) Except as provided for in section 31-3503E, Idaho Code, an applicant requesting assistance under this chapter shall complete a written application. The truth of the matters contained in the application shall be sworn to by the applicant. The application shall be deemed consent for the providers, hospital, department, respective counties and board to exchange information pertaining to the applicant's health and finances for the purposes of determining medicaid eligibility or medical indigency. The application shall be signed by the applicant or on the applicant's behalf and filed in the clerk's office. If the clerk determines that the patient may be eligible for medicaid, within one (1) business day of the filing of the application in the clerk's office, the clerk shall transmit a copy of the application and a written request for medicaid eligibility determination to the department.

(a) If, based on its medicaid eligibility review, the department determines that the patient is eligible for medicaid, the department shall act on the application as an application for medicaid.

(b) If, based on its medicaid eligibility review, the department determines that the patient is not eligible for medicaid, the department shall notify the clerk of the denial and the reason therefor, in accordance with section 31-3503E, Idaho Code. Denial of medicaid eligibility is not a determination of medical indigence.

(2) If a third party application is filed, the application shall be as complete as practicable and presented in the same form and manner as set forth in subsection (1) of this section.

~~(3) Follow-up necessary medical services based on a treatment plan, for the same condition, preapproved by the county commissioners, may be provided for a maximum of six (6) months from the date of the original application without requiring an additional application; however, a request for additional treatment not specified in the approved treatment plan shall be filed with the clerk ten (10) days prior to receiving services. Beyond the six (6) months, requests for additional treatment related to an original diagnosis in accordance with a preapproved treatment plan shall be filed ten (10) days prior to receiving services and an updated application may be requested by the county commissioners.~~

~~(4)~~ Upon application for financial assistance pursuant to this chapter an automatic lien shall attach to all real and personal property of the applicant and on insurance benefits to which the applicant may become entitled. The lien shall also attach to any additional resources to which it may legally attach not covered in this section. The lien created by this section may be, in the discretion of the county commissioners and the board, perfected as to real property and fixtures by recording, in any county recorder's office in this state in which the applicant and obligated person own property, a notice of application for medical indigency benefits on a uniform form agreed to by the Idaho association of counties and the Idaho hospital association, which form shall be recorded as provided herein within thirty (30) days from receipt of an application, and such lien, if so recorded, shall have a priority date as of the date the necessary emergency medical services were provided. The lien created by this section may also be, in the discretion of the county commissioners and the board, perfected as to personal property by filing with the secretary of state within thirty (30)

1 days of receipt of an application, a notice of application in substantially
 2 the same manner as a filing under chapter 9, title 28, Idaho Code, except that
 3 such notice need not be signed and no fee shall be required, and, if so filed,
 4 such lien shall have the priority date as of the date the ~~necessary~~ emergency
 5 medical services were provided. An application for assistance pursuant to
 6 this chapter shall waive any confidentiality granted by state law to the
 7 extent necessary to carry out the intent of this section.

8 (54) In accordance with rules and procedures promulgated by the depart-
 9 ment, each hospital and provider seeking reimbursement under this chapter
 10 shall submit all known billings for ~~necessary~~ emergency medical services
 11 provided for each applicant in a standard or uniform format to the depart-
 12 ment's contractor for its utilization management review within ten (10)
 13 business days of receiving notification that the patient is not eligible for
 14 medicaid; provided that, upon a showing of good cause, the time period may be
 15 extended. A copy of the results of the reviewed billings shall be transmit-
 16 ted by the department's contractor to the clerk of the obligated county.

17 SECTION 11. That Section 31-3505, Idaho Code, be, and the same is hereby
 18 amended to read as follows:

19 31-3505. TIME AND MANNER OF FILING APPLICATIONS AND REQUESTS FOR FI-
 20 NANCIAL ASSISTANCE. Applications and requests for financial assistance
 21 shall be filed with the clerk according to the following time limits. Filing
 22 is complete upon receipt by the clerk.

23 (1) ~~An application for nonemergency necessary medical services shall~~
 24 ~~be filed ten (10) days prior to receiving services from the provider.~~

25 (2) An application for emergency ~~necessary~~ emergency medical services shall be
 26 made any time within thirty-one (31) days beginning with the first day of the
 27 provision of ~~necessary~~ emergency medical services from the provider or in
 28 the case of hospitalization, thirty-one (31) days beginning with the date of
 29 admission, or if a request for medicaid eligibility determination has been
 30 denied by the department pursuant to section 31-3503E, Idaho Code, within
 31 thirty-one (31) days of receiving notice of the denial.

32 (3) ~~Requests for additional treatment related to an original diagnosis~~
 33 ~~in accordance with a preapproved treatment plan shall be filed ten (10) days~~
 34 ~~prior to receiving services.~~

35 (42) A delayed application for ~~necessary~~ emergency medical services
 36 may be filed up to one hundred eighty (180) days beginning with the first day
 37 of the provision of ~~necessary~~ emergency medical services provided that:

38 (a) Written documentation is included with the application or no later
 39 than forty-five (45) days after an application has been filed showing
 40 that a bona fide application or claim has been filed for social security
 41 disability insurance, supplemental security income, third party insur-
 42 ance, medicaid, medicare, crime victim's compensation, and/or worker's
 43 compensation. A bona fide application means that:

44 (i) The application was timely filed within the appropriate
 45 agency's application or claim time period; and

46 (ii) Given the circumstances of the patient and/or obligated per-
 47 sons, the patient and/or obligated persons, and given the informa-
 48 tion available at the time the application or claim for other re-

sources is filed, would reasonably be expected to meet the eligibility criteria for such resources; and

(iii) The application was filed with the appropriate agency in such a time and manner that, if approved, it would provide for payment coverage of the bills included in the county application; and

(iv) In the discretion of the county commissioners, bills on a delayed application which would not have been covered by a successful application or timely claim to the other resource(s) may be denied by the county commissioners as untimely; and

(v) In the event an application is filed for supplemental security income, an Idaho medicaid application must also have been filed within the department of health and welfare's application or claim time period to provide payment coverage of eligible bills included in the county application.

(b) Failure by the patient and/or obligated persons to complete the application process described in this section, up to and including any reasonable appeal of any denial of benefits, with the applicable program noted in paragraph (a) of this subsection, shall result in denial of the county assistance application.

(53) Any application or request which fails to meet the provisions of this section, and/or other provisions of this chapter, shall be denied.

(64) In the event that a county determines that a different county is the obligated county, an application may be filed in the other county within thirty (30) days of the date of the initial county denial.

SECTION 12. That Section 31-3505A, Idaho Code, be, and the same is hereby amended to read as follows:

31-3505A. INVESTIGATION OF APPLICATION. (1) The clerk shall interview the applicant and investigate the information provided on the application, along with all other required information, in accordance with the procedures established by the county commissioners, the board and this chapter. The clerk shall promptly notify the applicant, or third party filing an application on behalf of an applicant, of any material information missing from the application which, if omitted, may cause the application to be denied for incompleteness. In addition, any provider requesting notification shall be notified at the same time. When necessary, such persons as may be deemed essential, may be compelled by the clerk to give testimony and produce documents and other evidence under oath in order to complete the investigation. The clerk is hereby authorized to issue subpoenas to carry out the intent of this provision and to otherwise compel compliance in accordance with provisions of Idaho law.

(2) The applicant or third party filing an application on behalf of an applicant to the extent they have knowledge, shall have a duty to cooperate with the clerk in investigating, providing documentation, submitting to an interview and ascertaining eligibility and shall have a continuing duty to notify the obligated county of the receipt of resources after an application has been filed.

~~(3) The clerk shall have twenty (20) days to complete the investigation of an application for nonemergency necessary medical services.~~

1 ~~(4)~~ The clerk shall have forty-five (45) days to complete the investi-
2 gation of an application for emergency ~~necessary~~ medical services.

3 ~~(5)~~ In the case of follow-up treatment, the clerk shall have ten (10)
4 days to complete an interview on a request for additional treatment to up-
5 date the financial and other information contained in a previous application
6 for an original diagnosis in accordance with a treatment plan previously ap-
7 proved by the county commissioners.

8 (64) Upon completion of the interview and investigation of the applica-
9 tion or request, a statement of the clerk's findings shall be filed with the
10 county commissioners.

11 SECTION 13. That Section 31-3505B, Idaho Code, be, and the same is
12 hereby amended to read as follows:

13 31-3505B. APPROVAL. The county commissioners shall approve an ap-
14 plication for assistance if it determines that ~~necessary~~ emergency medical
15 services have been or will be provided to a medically indigent person in ac-
16 cordance with this chapter; provided, the amount paid by the county for any
17 medically indigent resident shall not exceed in aggregate the sum of eleven
18 thousand dollars (\$11,000) per applicant for any consecutive twelve (12)
19 month period.

20 SECTION 14. That Section 31-3505F, Idaho Code, be, and the same is
21 hereby amended to read as follows:

22 31-3505F. ARBITRATION. In the event that a county determines that a
23 service is not a ~~necessary~~ an emergency medical service, a provider may sub-
24 mit the issue to a panel for arbitration as follows:

25 (1) Within thirty (30) days of the determination, the county commis-
26 sioners and the provider shall each appoint one (1) licensed medical or os-
27 teopathic doctor with expertise in the condition treated or to be treated.
28 The two (2) appointees shall jointly select a third medical or osteopathic
29 licensed doctor with equivalent expertise. The panel shall review such in-
30 formation as it deems necessary and render a decision within thirty (30) days
31 as to whether the covered service is a ~~necessary~~ an emergency medical ser-
32 vice.

33 (2) There shall be no judicial or other review or appeal of the find-
34 ings of the panel. No party shall be obligated to comply with or otherwise be
35 affected or prejudiced by the proposals, conclusions or suggestions of the
36 panel or any member or segment thereof; however, in the interest of due con-
37 sideration being given to such proceedings and in the interest of encourag-
38 ing consideration of claims informally and without the necessity of litiga-
39 tion, the applicable statute of limitations shall be tolled and not deemed
40 to run during the time that such a claim is pending before the panel and for
41 thirty (30) days thereafter.

42 (3) Expenses incurred by the members of the panel in the performance of
43 their duties will be borne by the respective parties making their appoint-
44 ment, and expenses of the third member shall be divided equally among the re-
45 spective parties.

1 SECTION 15. That Section 31-3505G, Idaho Code, be, and the same is
2 hereby amended to read as follows:

3 31-3505G. PETITION FOR JUDICIAL REVIEW OF FINAL DETERMINATION. If,
4 after a hearing as provided in section 31-3505E, Idaho Code, the final deter-
5 mination of the county commissioners is to deny an application for financial
6 assistance with ~~necessary~~ emergency medical services, the applicant, or a
7 third party making application on an applicant's behalf, may seek judicial
8 review of the final determination of the county commissioners in the manner
9 provided in section 31-1506, Idaho Code.

10 SECTION 16. That Section 31-3506, Idaho Code, be, and the same is hereby
11 amended to read as follows:

12 31-3506. OBLIGATED COUNTY. The county obligated for payment shall be
13 determined as follows:

14 (1) The obligated county for payment of pharmaceuticals for noninsti-
15 tutionalized individuals shall be the county where the applicant currently
16 resides.

17 (2) The obligated county for payment of ~~necessary~~ emergency medical
18 services for medical indigent individuals shall be as follows:

19 (a) The last county in which the applicant or head of household has
20 maintained a residence for six (6) consecutive months or longer within
21 the past five (5) years preceding incurrence shall be obligated. If the
22 applicant or head of household maintains another residence in a dif-
23 ferent county or state for purposes of employment, the county where the
24 family residence is maintained shall be deemed the applicant's or head
25 of household's place of residence.

26 (b) If an individual has not resided in any county for a period of six
27 (6) months within the five (5) years preceding incurrence of emergency
28 medical service costs for which counties have a responsibility in whole
29 or in part, then the county where the applicant maintained a residence
30 for at least thirty (30) days immediately preceding such incurrence
31 shall be the obligated county.

32 (c) Active military duty, or being admitted as a patient in a hospital,
33 nursing home, other medical facility or institution, shall not change
34 the obligated county. The county obligated shall remain the same county
35 that would have been obligated prior to institutionalization as above
36 described.

37 (d) For full-time students at public institutions of higher learning,
38 the obligated county shall be the county of residence of the applicant
39 unless an obligated person, for whom the applicant is claimed as a de-
40 pendent, resides in another county or state.

41 (e) If an individual has not resided in any county for a consecutive pe-
42 riod of thirty (30) days but has resided in the state of Idaho for a con-
43 secutive period of thirty (30) days then the county where the individual
44 last resided prior to receiving emergency medical services shall be the
45 obligated county.

46 SECTION 17. That Section 31-3507, Idaho Code, be, and the same is hereby
47 amended to read as follows:

1 31-3507. TRANSFER OF A MEDICALLY INDIGENT PATIENT. An obligated
 2 county or the board shall have the right to have an approved medically in-
 3 digent person transferred to a hospital or facility, in accordance with
 4 requirements of the federal emergency medical treatment and active la-
 5 bor act, 42 U.S.C., section 1395dd; provided however, treatment for the
 6 ~~necessary~~ emergency medical service must be available at the designated
 7 facility, and the county contract physician, or the attending physician if
 8 no county contract physician is available, must certify that the transfer
 9 of such person would not present a significant risk of further injury. The
 10 obligated county, the board, and hospital from which or to which a person is
 11 taken or removed as herein provided, as well as the attending physician(s),
 12 shall not be liable in any manner whatsoever and shall be immune from suit
 13 for any causes of action arising from a transfer performed in accordance with
 14 this section. The immunities and freedom from liability granted pursuant
 15 to this section shall extend to any person, firm or corporation acting in
 16 accordance with this section.

17 SECTION 18. That Section 31-3508, Idaho Code, be, and the same is hereby
 18 amended to read as follows:

19 31-3508. LIMITATIONS ON PAYMENTS FOR ~~NECESSARY~~ EMERGENCY MEDICAL
 20 SERVICES. (1) Each hospital and provider seeking reimbursement under the
 21 provisions of this chapter shall fully participate in the utilization man-
 22 agement program and third party recovery system.

23 (2) The board and the county responsible for payment of ~~necessary~~
 24 emergency medical services of a medically indigent person shall pay an
 25 amount not to exceed the amount recommended by the utilization management
 26 program and the current medicaid rate. The bill submitted for payment shall
 27 show the total provider charges less any amounts which have been received
 28 under any other federal or state law. Bills of less than twenty-five dollars
 29 (\$25.00) shall not be presented for payment.

30 SECTION 19. That Section 31-3509, Idaho Code, be, and the same is hereby
 31 amended to read as follows:

32 31-3509. ADMINISTRATIVE OFFSETS AND COLLECTIONS BY HOSPITALS AND
 33 PROVIDERS. (1) Providers shall accept payment made by an obligated county
 34 or the board as payment in full. Providers shall not bill an applicant or
 35 any other obligated person for services that have been paid by an obligated
 36 county or the board pursuant to the provisions of this chapter for any bal-
 37 ance on the amount paid.

38 (2) Hospitals and providers making claims for reimbursement of
 39 ~~necessary~~ emergency medical services provided for medically indigent per-
 40 sons shall make all reasonable efforts to determine liability and attempt to
 41 collect for the account so incurred from all resources prior to submitting
 42 the bill to the county commissioners for review. In the event that a hospital
 43 or a provider has been notified that a recipient is retrospectively eligible
 44 for benefits or that a recipient qualifies for approval of benefits, such
 45 hospital(s) or provider(s) shall submit or resubmit a bill to third party
 46 insurance, medicaid, medicare, supplemental security income, crime victims
 47 compensation and/or worker's compensation for payment within thirty (30)

1 days of such notice. In the event any payments are thereafter received for
 2 charges which have been paid by a county and/or the board pursuant to the
 3 provisions of this chapter, said sums up to the amount actually paid by the
 4 county and/or the board shall be paid over to such county and/or board within
 5 sixty (60) days of receiving such payment from other resources.

6 (3) Any amount paid by an obligated county or the board under the provi-
 7 sions of this chapter, which amount is subsequently determined to have been
 8 an overpayment, shall be an indebtedness of the hospital or provider due and
 9 owing to the obligated county and the board. Such indebtedness may include
 10 circumstances where the applicant is subsequently determined to be eligi-
 11 ble for third party insurance, medicaid, medicare, supplemental security
 12 income, crime victims compensation, worker's compensation, other available
 13 insurance or other third party sources.

14 (4) The obligated county and the board shall have a first lien prorated
 15 between such county and the board in proportion to the amount each has paid.
 16 The obligated county and the board may request a refund from a hospital or
 17 provider in the amount of the overpayment, or after notice, recover such in-
 18 debtedness by deducting from and setting off the amount of the overpayment to
 19 a hospital or provider from any outstanding amount or amounts due and payable
 20 to the same hospital or provider pursuant to the provisions of this chapter.

21 SECTION 20. That Section 31-3510, Idaho Code, be, and the same is hereby
 22 amended to read as follows:

23 31-3510. RIGHT OF SUBROGATION. (1) Upon payment of a claim for
 24 ~~necessary~~ emergency medical services pursuant to this chapter, the obli-
 25 gated county and the board making such payment shall become subrogated to all
 26 the rights of the hospital and other providers and to all rights of the med-
 27 ically indigent person against any third parties who may be the cause of or
 28 liable for such ~~necessary~~ emergency medical services. The board may pursue
 29 collection of the county's and the board's subrogation interests.

30 (2) Upon any recovery by the recipient against a third party, the obli-
 31 gated county and the board shall pay or have deducted from their respective
 32 subrogated portion thereof, a proportionate share of the costs and attor-
 33 ney's fees incurred by the recipient in obtaining such recovery, provided
 34 that such proportionate share shall not exceed twenty-five percent (25%)
 35 of the subrogated interest unless one (1) or more of the following circum-
 36 stances exist:

37 (a) Otherwise agreed;

38 (b) If prior to the date of a written retention agreement between the
 39 recipient and an attorney, the obligated county and the board have
 40 reached an agreement with the third party, in writing, agreeing to pay
 41 in full the county and the board's subrogated interest.

42 SECTION 21. That Section 31-3511, Idaho Code, be, and the same is hereby
 43 amended to read as follows:

44 31-3511. VIOLATIONS AND PENALTIES. (1) Any applicant or obligated
 45 person who willfully gives false or misleading information to the depart-
 46 ment, board, a hospital, a county or an agent thereof, or to any individual
 47 in order to obtain ~~necessary~~ emergency medical services as or for a medi-

1 cally indigent person, or any person who obtains ~~necessary~~ emergency medical
 2 services as a medically indigent person who fails to disclose insurance,
 3 worker's compensation, resources, or other benefits available to him as
 4 payment or reimbursement of such expenses incurred, shall be guilty of a
 5 misdemeanor and punishable under the general provisions for punishment of
 6 a misdemeanor. In addition, any applicant or obligated person who fails to
 7 cooperate with the department, board or a county or makes a material mis-
 8 statement or material omission to the department in a request for medicaid
 9 eligibility determination, pursuant to section 31-3504, Idaho Code, or a
 10 county in an application pursuant to this chapter shall be ineligible for
 11 ~~nonemergency~~ assistance under this chapter for a period of two (2) years.

12 (2) The county commissioners shall not have jurisdiction to hear and
 13 shall not approve an application for ~~necessary~~ emergency medical services
 14 unless an application in the form prescribed by this chapter is received by
 15 the clerk in accordance with the provisions of this chapter.

16 (3) The county commissioners may deny an application if material infor-
 17 mation required in the application or request is not provided by the appli-
 18 cant or a third party or if the applicant has divested himself or herself of
 19 resources within one (1) year prior to filing an application in order to be-
 20 come eligible for assistance pursuant to this chapter. An applicant who is
 21 sanctioned by federal or state authorities and loses medical benefits as a
 22 result of failing to cooperate with the respective agency or making a mate-
 23 rial misstatement or material omission to the respective agency shall be in-
 24 eligible for assistance pursuant to this chapter for the period of such sanc-
 25 tion.

26 (4) If the county commissioners fail to act upon an application within
 27 the timelines required under this chapter, the application shall be deemed
 28 approved and payment made as provided in this chapter.

29 (5) An applicant may appeal a decision rendered by the county commis-
 30 sioners pursuant to this section in the manner provided in section 31-1506,
 31 Idaho Code.

32 SECTION 22. That Section 31-3519, Idaho Code, be, and the same is hereby
 33 amended to read as follows:

34 31-3519. PAYMENT FOR SERVICES. Each board of county commissioners
 35 shall make payments to hospitals or providers for ~~necessary~~ emergency medi-
 36 cal services provided to the medically indigent as follows:

37 (1) Upon receipt of a final determination by the county commissioners
 38 approving an application for financial assistance under the provisions of
 39 this chapter, an applicant, a hospital or provider, or the third party on be-
 40 half of the applicant, shall, within sixty (60) days, submit a county claim
 41 pursuant to the procedures provided in chapter 15, title 31, Idaho Code.

42 (2) Payment shall be made to hospitals or providers on behalf of an ap-
 43 plicant and shall be made on the next payment cycle. In no event shall pay-
 44 ment be delayed longer than sixty (60) days from receipt of the county claim.

45 (3) Payment to a hospital or provider pursuant to this chapter shall be
 46 payment of the debt in full and the hospital or provider shall not seek addi-
 47 tional funds from the applicant.

1 (4) In no event shall a county be obligated to pay a claim, pursuant to
2 this chapter, in an amount which exceeds the reviewed claim as determined by
3 the department's utilization management program.

4 (5) The clerk shall forward claims exceeding eleven thousand dollars
5 (\$11,000) per recipient in a consecutive twelve (12) month period to the
6 board within fourteen (14) days after approval of an application along with a
7 statement of which costs the clerk has or intends to pay.

8 (6) The board shall, within forty-five (45) days after approval by the
9 board, submit the claim to the state controller for payment.

10 SECTION 23. That Section 31-3520, Idaho Code, be, and the same is hereby
11 amended to read as follows:

12 31-3520. CONTRACT FOR PROVISION OF ~~NECESSARY~~ EMERGENCY MEDICAL SER-
13 VICES FOR THE MEDICALLY INDIGENT. The county commissioners in their respec-
14 tive counties, may contract for the provision of ~~necessary emergency~~ medical
15 services to the medically indigent of the county and may, by ordinance, ~~limit~~
16 ~~the make provision of and at county expense for the payment for nonemergency~~
17 ~~necessary medical of primary and preventative health care services to a con-~~
18 ~~tract provider for the purpose of minimizing future emergency medical ser-~~
19 ~~vices.~~ They shall require the contractor to enter into a bond to the county
20 with two (2) or more approved sureties, in such sum as the county commis-
21 sioners may fix, conditioned for the faithful performance of his duties and obli-
22 gations as such contractor, and require him to report to the county commis-
23 sioners quarterly all persons committed to his charge, showing the expense
24 attendant upon their care and maintenance.

25 SECTION 24. That Section 31-3553, Idaho Code, be, and the same is hereby
26 amended to read as follows:

27 31-3553. ADVISORY DECISIONS OF PANEL. The general responsibility of
28 the advisory panel will be to consider the eligibility of applicants on
29 claims referred to them and render written opinions regarding such eligibil-
30 ity of applicants as based upon review of analysis of the resources available
31 to the applicant, as defined in section 31-3502, Idaho Code. Following
32 proceedings on each claim, the advisory panel shall provide the affected
33 parties with its comments and observations with respect to the claim. They
34 shall indicate in such comments whether the applicant appears to have re-
35 sources available to him or her sufficient to pay for ~~necessary emergency~~
36 medical services; does not have adequate resources; or any comments or ob-
37 servations which may be relevant and appropriate. The findings of the advi-
38 sory panel may be used by affected parties in resolving contested claims in a
39 manner consistent with the findings presented. However, such findings will
40 be advisory in nature only and not binding on any of the affected parties.

41 SECTION 25. That Section 67-7903, Idaho Code, be, and the same is hereby
42 amended to read as follows:

43 67-7903. VERIFICATION OF LAWFUL PRESENCE -- EXCEPTIONS -- REPORT-
44 ING. (1) Except as otherwise provided in subsection (3) of this section or
45 where exempted by federal law, each agency or political subdivision of this

1 state shall verify the lawful presence in the United States of each natural
 2 person eighteen (18) years of age or older who applies for state or local
 3 public benefits or for federal public benefits for the applicant.

4 (2) This section shall be enforced without regard to race, religion,
 5 gender, ethnicity or national origin.

6 (3) Verification of lawful presence in the United States shall not be
 7 required:

8 (a) For any purpose for which lawful presence in the United States is
 9 not required by law, ordinance or rule;

10 (b) For obtaining health care items and services that are necessary for
 11 the treatment of an emergency medical condition of the person involved
 12 and are not related to an organ transplant procedure;

13 (c) For short-term, noncash, in-kind emergency disaster relief;

14 (d) For public health assistance for immunizations with respect to im-
 15 munizable diseases and testing and treatment of symptoms of communica-
 16 ble diseases whether or not such symptoms are caused by a communicable
 17 disease;

18 (e) For programs, services or assistance, such as soup kitchens, crisis
 19 counseling and intervention and short-term shelter specified by fed-
 20 eral law or regulation that:

21 (i) Deliver in-kind services at the community level, including
 22 services through public or private nonprofit agencies;

23 (ii) Do not condition the provision of assistance, the amount of
 24 assistance provided or the cost of assistance provided on the in-
 25 dividual recipient's income or resources; and

26 (iii) Are necessary for the protection of life or public safety;

27 (f) For prenatal care;

28 (g) For postnatal care not to exceed twelve (12) months; or

29 (h) For food assistance for a dependent child under eighteen (18) years
 30 of age.

31 ~~Notwithstanding the provisions of this subsection (3), for the county in-~~
 32 ~~digent program, the limitations contained in section 31-3502(16)B., Idaho~~
 33 ~~Code, shall apply.~~

34 (4) An agency or a political subdivision shall verify the lawful pres-
 35 ence in the United States of each applicant eighteen (18) years of age or
 36 older for federal public benefits or state or local public benefits by:

37 (a) Employing electronic means to verify an applicant is legally
 38 present in the United States; or

39 (b) Requiring the applicant to provide:

40 (i) An Idaho driver's license or an Idaho identification card
 41 issued pursuant to section 49-2444, Idaho Code;

42 (ii) A valid driver's license or similar document issued for the
 43 purpose of identification by another state or territory of the
 44 United States, if such license or document contains a photograph
 45 of the individual or such other personal identifying information
 46 relating to the individual that the director of the department of
 47 health and welfare or, with regard to unemployment compensation
 48 benefits, the director of the department of labor finds, by rule,
 49 sufficient for purposes of this section;

(iii) A United States military card or a military dependent's identification card;

(iv) A United States coast guard merchant mariner card;

(v) A native American tribal document;

(vi) A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, granting asylee status;

(vii) A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, indicating that the individual may lawfully remain in the United States;

(viii) Any United States citizenship and immigration service issued document showing refugee or asylee status or that the individual may lawfully remain in the United States;

(ix) Any department of state or customs and border protection issued document showing the individual has been permitted entry into the United States on the basis of refugee or asylee status, or on any other basis that permits the individual to lawfully enter and remain in the United States; or

(x) A valid United States passport; and

(c) Requiring the applicant to provide a valid social security number that has been assigned to the applicant; and

(d) Requiring the applicant to attest, under penalty of perjury and on a form designated or established by the agency or the political subdivision, that:

(i) The applicant is a United States citizen or legal permanent resident; or

(ii) The applicant is otherwise lawfully present in the United States pursuant to federal law.

(5) Notwithstanding the requirements of subsection (4) (b) of this section, the agency or political subdivision may establish by appropriate legal procedure such rules or regulations to ensure that certain individuals lawfully present in the United States receive authorized benefits including, but not limited to, homeless state citizens.

(6) For an applicant who has attested pursuant to subsection (4) (d) of this section stating that the applicant is an alien lawfully present in the United States, verification of lawful presence for federal public benefits or state or local public benefits shall be made through the federal systematic alien verification of entitlement program, which may be referred to as the "SAVE" program, operated by the United States department of homeland security or a successor program designated by the United States department of homeland security. Until such verification of lawful presence is made, the attestation may be presumed to be proof of lawful presence for purposes of this section.

(a) Errors and significant delays by the SAVE program shall be reported to the United States department of homeland security to ensure that the application of the SAVE program is not wrongfully denying benefits to legal residents of this state.

(b) Agencies or political subdivisions may adopt variations of the requirements of subsection (4) (d) of this section to improve efficiency or reduce delay in the verification process or to provide for adjudica-

1 tion of unique individual circumstances in which the verification pro-
2 cedures in this section would impose unusual hardship on a legal resi-
3 dent of this state; except that the variations shall be no less strin-
4 gent than the requirements of subsection (4) (d) of this section.

5 (c) A person who knowingly makes a false, fictitious or fraudulent
6 statement or representation in an attestation executed pursuant to
7 subsection (4) (d) or (6) (b) of this section shall be guilty of a misde-
8 meanor.

9 (7) An agency or political subdivision may accept as prima facie evi-
10 dence of an applicant's lawful presence in the United States the information
11 required in subsection (4) of this section, as may be modified by subsection
12 (5) of this section, when issuing a professional license or a commercial li-
13 cense.